							BPW Award Date and
1	Item and Category	Method	# Bids	Original Contract Amount	Fund S	ource	Agenda Item
DBM	DEXB9400004	SS	0	\$61,944.00	FF- 10	00.00%	
	S						
	Using	Agency		Contractor Name,	City, State	Or	iginal Contract Number
	EXECUTIVE DEP	T OFFICE	OF THE				
	GOVERNOR - MARY	LAND DE	PARTMENT	BAY AREA CENTER FOR			
	OF DISA	ABILITIES		INDEPENDENT LIVING			
				SALISBURY	MD		
	_	-		r contract modifications, If a	-		
				PERSON (MFP) DEMO TO PRO			
				PIENTS IN NURSING FACILITIE			
	DORCHESTER, KENT	, QUEEN					ERM: 7/24/2018 - 6/30/2019
				Complete Below - Contract			
				% Increase this Mod. to	Cumulative %		
	Mod Date:	of	Mod.	Original Contract	Mods to Origi	nal Contract	Cum Total Contract Amount
-							
							BPW Award Date and
2	Item and Category	Method	# Bids	Original Contract Amount	Fund S	ource	Agenda Item
DBM	DEXB9400005	SS	0	\$66,774.00	FF- 10	00.00%	
				Ç00,774.00		1	
	S			. ,			
	Using	Agency		Contractor Name,	City, State	Or	ginal Contract Number
			OF THE	. ,	City, State	Or	ginal Contract Number
	Using EXECUTIVE DEP GOVERNOR - MARY	T OFFICE 'LAND DE	-	Contractor Name, COMMUNITY CHANGE MANAGEMENT	City, State	Or	ginal Contract Number
	Using EXECUTIVE DEP GOVERNOR - MARY	T OFFICE	-	Contractor Name, COMMUNITY CHANGE MANAGEMENT CONSULTING LLC	-	Or	ginal Contract Number
	Using EXECUTIVE DEP GOVERNOR - MARY OF DISA	T OFFICE 'LAND DE ABILITIES	PARTMENT	Contractor Name, COMMUNITY CHANGE MANAGEMENT CONSULTING LLC CLINTON	MD		
	Using EXECUTIVE DEP GOVERNOR - MARY OF DISA Description/Remark	T OFFICE 'LAND DE ABILITIES 	EPARTMENT e reasons fo	Contractor Name, COMMUNITY CHANGE MANAGEMENT CONSULTING LLC CLINTON r contract modifications, If a	MD	dicate if extens	sion or renewal option)
	Using EXECUTIVE DEP GOVERNOR - MARY OF DISA Description/Remark PROVIDE OUTREAC	T OFFICE 'LAND DE ABILITIES KS(Includ H & SUPP	e reasons fo	Contractor Name, COMMUNITY CHANGE MANAGEMENT CONSULTING LLC CLINTON r contract modifications, If a	MD pplicable, and in LE MEDICAID RE	dicate if extens	sion or renewal option) RENTLY RESIDING IN
	Using EXECUTIVE DEP GOVERNOR - MARY OF DISA Description/Remark PROVIDE OUTREAC NURSING FACILITIES	T OFFICE 'LAND DE ABILITIES KS(Includ H & SUPF S IN BALT	e reasons for	Contractor Name, COMMUNITY CHANGE MANAGEMENT CONSULTING LLC CLINTON r contract modifications, If a CES TO INTERESTED & ELIGIB (AS PART OF THE MONEY FO	MD oplicable, and in LE MEDICAID RE OLLOWS THE PER	dicate if extens	sion or renewal option) RENTLY RESIDING IN
	Using EXECUTIVE DEP GOVERNOR - MARY OF DISA Description/Remark PROVIDE OUTREAC NURSING FACILITIES	T OFFICE 'LAND DE ABILITIES KS(Includ H & SUPF S IN BALT	e reasons for PORT SERVICE CITY (7/24/2018 -	Contractor Name, COMMUNITY CHANGE MANAGEMENT CONSULTING LLC CLINTON r contract modifications, If a CES TO INTERESTED & ELIGIB (AS PART OF THE MONEY FC 6/30/2019 (APPROX. 1 YEAR	MD pplicable, and in LE MEDICAID RE PLLOWS THE PER)	dicate if extens	sion or renewal option) RENTLY RESIDING IN
	Using EXECUTIVE DEP GOVERNOR - MARY OF DISA Description/Remark PROVIDE OUTREAC NURSING FACILITIES	T OFFICE LAND DE ABILITIES AS(Includ H & SUPP S IN BALT TERM: 7	e reasons for PORT SERVICE CITY (7/24/2018 -	Contractor Name, COMMUNITY CHANGE MANAGEMENT CONSULTING LLC CLINTON r contract modifications, If a CES TO INTERESTED & ELIGIB (AS PART OF THE MONEY FO 6/30/2019 (APPROX. 1 YEAR Complete Below - Contract	MD pplicable, and in- LE MEDICAID RE PLLOWS THE PER) Modifications	dicate if extens CIPIENTS CURI SON PEER OU	sion or renewal option) RENTLY RESIDING IN
	Using EXECUTIVE DEP GOVERNOR - MARY OF DISA Description/Remark PROVIDE OUTREAC NURSING FACILITIES DEMONSTRATION.	T OFFICE LAND DE ABILITIES CS(Includ H & SUPP S IN BALT TERM: 7	e reasons for PORT SERVIGIMORE CITY 7/24/2018 -	Contractor Name, COMMUNITY CHANGE MANAGEMENT CONSULTING LLC CLINTON r contract modifications, If a CES TO INTERESTED & ELIGIB (AS PART OF THE MONEY FO 6/30/2019 (APPROX. 1 YEAR Complete Below - Contract % Increase this Mod. to	MD pplicable, and in- LE MEDICAID RE PLLOWS THE PER) Modifications Cumulative %	dicate if extens CIPIENTS CURI SON PEER OU' Only Increase All	sion or renewal option) RENTLY RESIDING IN TREACH & SUPPORT
	Using EXECUTIVE DEP GOVERNOR - MARY OF DISA Description/Remark PROVIDE OUTREAC NURSING FACILITIES	T OFFICE LAND DE ABILITIES CS(Includ H & SUPP S IN BALT TERM: 7	e reasons for PORT SERVICE CITY (7/24/2018 -	Contractor Name, COMMUNITY CHANGE MANAGEMENT CONSULTING LLC CLINTON r contract modifications, If a CES TO INTERESTED & ELIGIB (AS PART OF THE MONEY FO 6/30/2019 (APPROX. 1 YEAR Complete Below - Contract	MD pplicable, and in- LE MEDICAID RE PLLOWS THE PER) Modifications	dicate if extens CIPIENTS CURI SON PEER OU' Only Increase All	sion or renewal option) RENTLY RESIDING IN
	Using EXECUTIVE DEP GOVERNOR - MARY OF DISA Description/Remark PROVIDE OUTREAC NURSING FACILITIES DEMONSTRATION.	T OFFICE LAND DE ABILITIES CS(Includ H & SUPP S IN BALT TERM: 7	e reasons for PORT SERVIGIMORE CITY 7/24/2018 -	Contractor Name, COMMUNITY CHANGE MANAGEMENT CONSULTING LLC CLINTON r contract modifications, If a CES TO INTERESTED & ELIGIB (AS PART OF THE MONEY FO 6/30/2019 (APPROX. 1 YEAR Complete Below - Contract % Increase this Mod. to	MD pplicable, and in- LE MEDICAID RE PLLOWS THE PER) Modifications Cumulative %	dicate if extens CIPIENTS CURI SON PEER OU Only Increase All	sion or renewal option) RENTLY RESIDING IN TREACH & SUPPORT
	Using EXECUTIVE DEP GOVERNOR - MARY OF DISA Description/Remark PROVIDE OUTREAC NURSING FACILITIES DEMONSTRATION.	T OFFICE LAND DE ABILITIES CS(Includ H & SUPP S IN BALT TERM: 7	e reasons for PORT SERVIGIMORE CITY 7/24/2018 -	Contractor Name, COMMUNITY CHANGE MANAGEMENT CONSULTING LLC CLINTON r contract modifications, If a CES TO INTERESTED & ELIGIB (AS PART OF THE MONEY FO 6/30/2019 (APPROX. 1 YEAR Complete Below - Contract % Increase this Mod. to	MD pplicable, and in- LE MEDICAID RE PLLOWS THE PER) Modifications Cumulative %	dicate if extens CIPIENTS CURI SON PEER OU Only Increase All	sion or renewal option) RENTLY RESIDING IN TREACH & SUPPORT

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3	Item and Category	Method	# Bids	Original Contract Amount	Fund	Source	Agenda Item		
вм	C81B9400020	CSP	2	\$342,000.00	GF-	14.00%	10/1/2014		
	S				FF-	1.00%	1-S		
				SP-	1.00% (H	OMEBUILDERS UI	NIT)		
				RI- 8	GENCIES)				
	Using Agency			Contractor Name,	City, State	Ori	Original Contract Number		
	OFFICE OF THE AT		GENERAL	WEST PUBLISHING CORP.					
	(0)	AG)		(WESTLAW)			C81B5400002		
				CAROL STREAM	IL				
		,		r contract modifications, If a	• •		* ′		
				AL OPTION FOR ON-LINE LEG			RCH SERVICES FOR		
				ATIVE HEARINGS (OAH) & T	HE PUBLIC DEF	ENDER (OPD).			
	TERM: 12/1/2018 -	11/30/2							
				Complete Below - Contrac					
				% Increase this Mod. to		% Increase All			
	Mod Date:	of	Mod.	Original Contract Mods to Original		iginal Contract	Contract Cum Total Contract Amou		
	12/1/2018		2	36.39%	71.21%		\$585,552.00		
		\$124	,452.00						
							BPW Award Date and		
4	Item and Category	Method	# Bids	Original Contract Amount	Fund	l Source	BPW Award Date and Agenda Item		
	Item and Category Q00B9400077	Method SS	# Bids	Original Contract Amount \$86,591.47	Fund	1 Source 100.00%			
_	,								
	Q00B9400077 S				SP-	100.00%			
	Q00B9400077 S	SS Agency	0	\$86,591.47	SP-	100.00%	Agenda Item		
	Q00B9400077 S Using	Agency PUBLIC	0 SAFETY &	\$86,591.47 Contractor Name,	SP-	100.00%	Agenda Item		
	Q00B9400077 S Using DEPARTMENT OF	Agency PUBLIC	0 SAFETY &	\$86,591.47 Contractor Name, SWANK MOTION	SP-	100.00%	Agenda Item		
	Q00B9400077 S Using DEPARTMENT OF CORRECTION	Agency PUBLIC	O SAFETY & ICES	\$86,591.47 Contractor Name, SWANK MOTION PICTURES, INC.	SP- City, State	00.00%	Agenda Item ginal Contract Number		
	Q00B9400077 S Using DEPARTMENT OF CORRECTION Description/Remark	Agency PUBLIC S NAL SERV	O SAFETY & ICES e reasons fo	\$86,591.47 Contractor Name, SWANK MOTION PICTURES, INC. ST LOUIS	SP- City, State MO pplicable, and	Ori	Agenda Item ginal Contract Number ion or renewal option)		
	Q00B9400077 S Using DEPARTMENT OF CORRECTION Description/Remark PROVIDE A PUBLIC	Agency PUBLIC: NAL SERV as(Include	O SAFETY & ICES e reasons fo	\$86,591.47 Contractor Name, SWANK MOTION PICTURES, INC. ST LOUIS r contract modifications, If a	SP- City, State MO pplicable, and PICTURE RECC	Ori	Agenda Item ginal Contract Number ion or renewal option)		
	Q00B9400077 S Using DEPARTMENT OF CORRECTION Description/Remark PROVIDE A PUBLIC ITO INMATES IN VAR	Agency FPUBLIC : NAL SERV TS(Include PERFORN RIOUS PR	O SAFETY & ICES Te reasons for the control of the c	\$86,591.47 Contractor Name, SWANK MOTION PICTURES, INC. ST LOUIS r contract modifications, If a	SP- City, State MO pplicable, and PICTURE RECCORMANCES). S	Ori	Agenda Item ginal Contract Number ion or renewal option) HOWN JSIVE		
	Q00B9400077 S Using DEPARTMENT OF CORRECTION Description/Remark PROVIDE A PUBLIC ITO INMATES IN VAR	Agency FPUBLIC : NAL SERV TS(Include PERFORN RIOUS PR	O SAFETY & ICES e reasons fo MANCE LICEI ISONS (NON GREEMENT	\$86,591.47 Contractor Name, SWANK MOTION PICTURES, INC. ST LOUIS r contract modifications, If a NSE FOR LICENSED MOTION I-THEATRICAL PUBLIC PERFO	SP- City, State MO pplicable, and PICTURE RECCORMANCES). S RODUCERS. T	Ori	Agenda Item ginal Contract Number ion or renewal option) HOWN JSIVE		
4 BM	Q00B9400077 S Using DEPARTMENT OF CORRECTION Description/Remark PROVIDE A PUBLIC ITO INMATES IN VAR	Agency PUBLIC : NAL SERV (s(Include PERFORN RIOUS PR ENSING A	O SAFETY & ICES Tereasons for MANCE LICEI ISONS (NON GREEMENT	\$86,591.47 Contractor Name, SWANK MOTION PICTURES, INC. ST LOUIS r contract modifications, If a NSE FOR LICENSED MOTION I-THEATRICAL PUBLIC PERFO S FOR MOST HOLLYWOOD F	SP- City, State MO pplicable, and PICTURE RECO PRMANCES). S RODUCERS. T	Ori	Agenda Item ginal Contract Number ion or renewal option) HOWN JSIVE		
	Q00B9400077 S Using DEPARTMENT OF CORRECTION Description/Remark PROVIDE A PUBLIC ITO INMATES IN VAR RIGHTS TO THE LICE	Agency PUBLIC : NAL SERV AS(Include PERFORM RIOUS PR ENSING A	O SAFETY & ICES Tereasons for MANCE LICEI ISONS (NON GREEMENT	\$86,591.47 Contractor Name, SWANK MOTION PICTURES, INC. ST LOUIS r contract modifications, If a NSE FOR LICENSED MOTION I-THEATRICAL PUBLIC PERFO S FOR MOST HOLLYWOOD F Complete Below - Contract % Increase this Mod. to	SP- City, State MO pplicable, and PICTURE RECCORMANCES). S RODUCERS. T t Modification Cumulative	Ori indicate if extens ORDINGS TO BE SE WANK HAS EXCLU ERM: 10/4/2018 is Only	Agenda Item ginal Contract Number ion or renewal option) HOWN JSIVE 3 - 9/30/2019		
_	Q00B9400077 S Using DEPARTMENT OF CORRECTION Description/Remark PROVIDE A PUBLIC ITO INMATES IN VAR	Agency PUBLIC : NAL SERV AS(Include PERFORM RIOUS PR ENSING A	O SAFETY & ICES E reasons fo MANCE LICEI ISONS (NON GREEMENT	\$86,591.47 Contractor Name, SWANK MOTION PICTURES, INC. ST LOUIS r contract modifications, If a NSE FOR LICENSED MOTION I-THEATRICAL PUBLIC PERFO S FOR MOST HOLLYWOOD F Complete Below - Contract	SP- City, State MO pplicable, and PICTURE RECCORMANCES). S RODUCERS. T t Modification Cumulative	indicate if extens ORDINGS TO BE SH WANK HAS EXCLU ERM: 10/4/2018	Agenda Item ginal Contract Number ion or renewal option) HOWN JSIVE 3 - 9/30/2019		
_	Q00B9400077 S Using DEPARTMENT OF CORRECTION Description/Remark PROVIDE A PUBLIC ITO INMATES IN VAR RIGHTS TO THE LICE	Agency PUBLIC : NAL SERV AS(Include PERFORM RIOUS PR ENSING A	O SAFETY & ICES E reasons fo MANCE LICEI ISONS (NON GREEMENT	\$86,591.47 Contractor Name, SWANK MOTION PICTURES, INC. ST LOUIS r contract modifications, If a NSE FOR LICENSED MOTION I-THEATRICAL PUBLIC PERFO S FOR MOST HOLLYWOOD F Complete Below - Contract % Increase this Mod. to	SP- City, State MO pplicable, and PICTURE RECCORMANCES). S RODUCERS. T t Modification Cumulative	Ori indicate if extens ORDINGS TO BE SE WANK HAS EXCLU ERM: 10/4/2018 is Only	Agenda Item ginal Contract Number ion or renewal option) HOWN JSIVE		

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5	Item and Category	Method	# Bids	Original Contract Amount	Fun	d Sour	ce	Agenda Item	
DBM	DEXB7400035	SS	0	\$97,710.00	FF-	100.0	00%		
	S								
	Using Agency			Contractor Name, City, State			Ori	Original Contract Number	
	EXECUTIVE DEP	T OFFICE	OF THE	JOHNS HOPKINS					
	GOVE	RNOR		UNIVERSITY					
				BALTIMORE	MD				
		_		r contract modifications, If a				• /	
				ORHOODS 2016 PROGRAM (
				S OF THE AWARD THAT USE				-	
	SERVICES & PROSE	CUTORIA		S FOR THE MOST VIOLENT A				M: 10/5/2018 - 9/30/2019	
				Complete Below - Contract					
				% Increase this Mod. to	Cumulative				
	Mod Date:	of	Mod.	Original Contract	Mods to O	riginal	Contract	Cum Total Contract Amount	
								BPW Award Date and	
6	Item and Category		# Bids	Original Contract Amount		d Sour		BPW Award Date and Agenda Item	
6 DBM	M00B9400192	Method	# Bids	Original Contract Amount \$129,426.34	GF-	57.5	50%		
	M00B9400192 S	CSP		\$129,426.34	GF- FF-		0% 0%	Agenda Item	
-	M00B9400192 S			\$129,426.34 Contractor Name,	GF- FF-	57.5	0% 0%		
-	M00B9400192 S Using	CSP Agency	2	\$129,426.34 Contractor Name, COLUMBUS MEDICAL	GF- FF-	57.5	0% 0%	Agenda Item	
-	M00B9400192 S	CSP Agency	2	\$129,426.34 Contractor Name, COLUMBUS MEDICAL SERVICES, LLC	GF- FF- City, State	57.5	0% 0%	Agenda Item	
	M00B9400192 S Using MD DEPARTM	CSP Agency ENT OF H	2 HEALTH	\$129,426.34 Contractor Name, COLUMBUS MEDICAL SERVICES, LLC WAYNE	GF- FF- City, State	57.5 42.5	60% 0% Ori	Agenda Item ginal Contract Number	
	M00B9400192 S Using MD DEPARTM Description/Remark	CSP Agency ENT OF H	EALTH	\$129,426.34 Contractor Name, COLUMBUS MEDICAL SERVICES, LLC WAYNE r contract modifications, If a	GF- FF- City, State PA pplicable, and	57.5 42.5	00% Ori	Agenda Item ginal Contract Number ion or renewal option)	
-	M00B9400192 S Using MD DEPARTM Description/Remarl PROVIDE A TRAININ	Agency ENT OF F ks(Includ	EALTH e reasons for	\$129,426.34 Contractor Name, COLUMBUS MEDICAL SERVICES, LLC WAYNE r contract modifications, If a BLISH & IMPLEMENT STATE	GF- FF- City, State PA pplicable, and	57.5 42.5 I indica	0% Ori Ori ate if extens	Agenda Item ginal Contract Number ion or renewal option) IG OF LICENSED	
-	M00B9400192 S Using MD DEPARTM Description/Remarl PROVIDE A TRAININ PROVIDERS FOR TA	Agency ENT OF H cs(Includ	EALTH e reasons for JAL TO ESTA CASE MANA	\$129,426.34 Contractor Name, COLUMBUS MEDICAL SERVICES, LLC WAYNE r contract modifications, If a BLISH & IMPLEMENT STATE GEMENT FOR THE STATE'S (GF- FF- City, State PA pplicable, and WIDE STANDA	57.5 42.5 I indica ARDS FOR	O% Ori Ori tte if extens OR TRAININ	Agenda Item ginal Contract Number ion or renewal option) IG OF LICENSED Y SERVICES (CCS) TO	
-	M00B9400192 S Using MD DEPARTM Description/Remarl PROVIDE A TRAININ PROVIDERS FOR TA	Agency ENT OF H cs(Includ	2 HEALTH e reasons for JAL TO ESTA CASE MANA OPMENTAL	\$129,426.34 Contractor Name, COLUMBUS MEDICAL SERVICES, LLC WAYNE r contract modifications, If a BLISH & IMPLEMENT STATE GEMENT FOR THE STATE'S C DISABILITIES & THEIR FAMIL	GF- FF- City, State PA pplicable, and WIDE STANDA COORDINATO	57.5 42.5 I indica ARDS FORS OF CO/8/20	O% Ori Ori te if extens OR TRAININ COMMUNIT 118 - 9/30/2	Agenda Item ginal Contract Number ion or renewal option) IG OF LICENSED Y SERVICES (CCS) TO	
-	M00B9400192 S Using MD DEPARTM Description/Remarl PROVIDE A TRAININ PROVIDERS FOR TA	Agency ENT OF H KS(Includ NG MANU RGETED OF H TH DEVELO	EALTH e reasons for JAL TO ESTA CASE MANA OPMENTAL	\$129,426.34 Contractor Name, COLUMBUS MEDICAL SERVICES, LLC WAYNE r contract modifications, If a BLISH & IMPLEMENT STATE GEMENT FOR THE STATE'S C DISABILITIES & THEIR FAMIL Complete Below - Contract	GF- FF- City, State PA pplicable, and WIDE STANDA COORDINATO IES. TERM: 1 t Modificatio	57.5 42.5 I indica ARDS FORS OF CO 0/8/20 Ins Onl	Ori Ori te if extens OR TRAININ COMMUNIT 018 - 9/30/2	Agenda Item ginal Contract Number ion or renewal option) IG OF LICENSED Y SERVICES (CCS) TO	
-	M00B9400192 S Using MD DEPARTM Description/Remarl PROVIDE A TRAININ PROVIDERS FOR TA ASSIST PEOPLE WIT	Agency ENT OF H cs(Includ IG MANU RGETED OF H DEVELOR Mod No	EALTH e reasons for JAL TO ESTA CASE MANA OPMENTAL o. and Value	\$129,426.34 Contractor Name, COLUMBUS MEDICAL SERVICES, LLC WAYNE r contract modifications, If a BLISH & IMPLEMENT STATE'S G GEMENT FOR THE STATE'S C DISABILITIES & THEIR FAMIL Complete Below - Contract % Increase this Mod. to	GF- FF- City, State PA pplicable, and WIDE STANDA COORDINATOR IES. TERM: 1 Modificatio Cumulative	57.5 42.5 42.5 4 indica ARDS FC RS OF C 0/8/20 ns Onl	Ori Ori Ori Ate if extens OR TRAININ COMMUNIT 018 - 9/30/2 Y rease All	Agenda Item ginal Contract Number ion or renewal option) IG OF LICENSED Y SERVICES (CCS) TO 2019 (APPROX. 1 YEAR)	
-	M00B9400192 S Using MD DEPARTM Description/Remarl PROVIDE A TRAININ PROVIDERS FOR TA	Agency ENT OF H cs(Includ IG MANU RGETED OF H DEVELOR Mod No	EALTH e reasons for JAL TO ESTA CASE MANA OPMENTAL	\$129,426.34 Contractor Name, COLUMBUS MEDICAL SERVICES, LLC WAYNE r contract modifications, If a BLISH & IMPLEMENT STATE GEMENT FOR THE STATE'S C DISABILITIES & THEIR FAMIL Complete Below - Contract	GF- FF- City, State PA pplicable, and WIDE STANDA COORDINATO IES. TERM: 1 t Modificatio	57.5 42.5 42.5 4 indica ARDS FC RS OF C 0/8/20 ns Onl	Ori Ori Ori Ate if extens OR TRAININ COMMUNIT 018 - 9/30/2 Y rease All	Agenda Item ginal Contract Number ion or renewal option) IG OF LICENSED Y SERVICES (CCS) TO	
-	M00B9400192 S Using MD DEPARTM Description/Remarl PROVIDE A TRAININ PROVIDERS FOR TA ASSIST PEOPLE WIT	Agency ENT OF H cs(Includ IG MANU RGETED OF H DEVELOR Mod No	EALTH e reasons for JAL TO ESTA CASE MANA OPMENTAL o. and Value	\$129,426.34 Contractor Name, COLUMBUS MEDICAL SERVICES, LLC WAYNE r contract modifications, If a BLISH & IMPLEMENT STATE'S G GEMENT FOR THE STATE'S C DISABILITIES & THEIR FAMIL Complete Below - Contract % Increase this Mod. to	GF- FF- City, State PA pplicable, and WIDE STANDA COORDINATO IES. TERM: 1 Modificatio Cumulative	57.5 42.5 42.5 4 indica ARDS FC RS OF C 0/8/20 ns Onl	Ori Ori Ori Ate if extens OR TRAININ COMMUNIT 018 - 9/30/2 Y rease All	Agenda Item ginal Contract Number ion or renewal option) IG OF LICENSED Y SERVICES (CCS) TO 2019 (APPROX. 1 YEAR)	
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	/4/2015 2-S et Number						
S FF- 50.00% Using Agency Contractor Name, City, State Original Contrac	2-S						
Using Agency Contractor Name, City, State Original Contrac	_						
	ct Number						
PAGE APPRAISAL							
I AGE ALLIMIDAE							
MD DEPARTMENT OF HEALTH COMPANY, INC. M00B6400	0345						
BEL AIR MD							
Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewa	. /						
EXERCISE THE 3RD OF 4 ONE-YEAR RENEWAL OPTIONS TO PROVIDE COMMERCIAL REAL ESTATE APPRAISAL SERV							
ALL MEDICAID PATICIPATING NURSING HOME BUILDINGS, LAND & EQUIPMENT TO PROVIDE DOLLAR VALUE NEE	EDED						
FOR THE ANNUAL COST SETTLEMENT REPORT. TERM: 11/1/2018 - 10/31/2019 (1 YEAR)							
Complete Below - Contract Modifications Only							
Mod No. and Value % Increase this Mod. to Cumulative % Increase All							
	Contract Amount						
	9,200.00						
\$159,800.00							
	ward Date and enda Item						
DBM OPASS 19-18011 CSB							
S							
Using Agency Contractor Name, City, State Original Contrac	Original Contract Number						
MD DEPARTMENTOF HEALTH							
Description/Remarks(Include reasons for contract modifications, If applicable, and indicate if extension or renewal optio							
SOLICITATION CANCELLATION FOR SPEECH THERAPY SERVICES AT THE HOLLY CENTER. ALL BIDS WERE REJECTED	D BECAUSE						
THE PROPOSED AMENDMENTS TO THE SOLICITATION WOULD BE OF SUCH MAGNITUDE THAT A NEW SOLICITATION	TION IS						
DESIRABLE. APPROVED 10/4/2018							
Complete Below - Contract Modifications Only							
Mod No. and Value % Increase this Mod. to Cumulative % Increase All	All						
Mod Date: of Mod. Original Contract Mods to Original Contract Cum Total C	Contract Amount						